

| REPORTS INVENTORY | | | | | | CONTROL NO. | |
|---|-------------|---|------------------|---|-----------------|--|--------------------------------|
| PREPARE IN DUPLICATE | | | | | | DDS/OTR/CTP-6 | |
| 1. TITLE OF REPORT (If a fill-in report include Form No.) | | | | | | 2. TYPE OF REPORT | |
| Recruitment Activities Report for CTP | | | | | | <input checked="" type="checkbox"/> STATISTICAL <input type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING | |
| 3. FUNCTIONAL AREA | | <input checked="" type="checkbox"/> PERSONNEL <input type="checkbox"/> LOGISTICS <input type="checkbox"/> MEDICAL | | <input type="checkbox"/> TRAINING <input type="checkbox"/> SECURITY <input type="checkbox"/> FINANCE | | <input type="checkbox"/> ADMIN. GENERAL <input type="checkbox"/> OTHER (specify) | |
| 4. NO. OF COPIES PREPARED | | 5. FREQUENCY (weekly, monthly, quarterly, etc.) | | 6. DISTRIBUTION (No. of components not number of copies) | | | |
| 5 | | Monthly | | two | | | |
| 7. FORMAT (memorandum, form computer print-out, etc) | | 8. ADP PROCESSING | | 9. DIRECTIVE AUTHORITY REQUIRING REPORT | | | |
| Memorandum | | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | <input type="checkbox"/> IF YES GIVE ADP PROCESSING NO. OTR 1-1 Internal | | | |
| 10. PREPARING COMPONENT (include lowest level contributing information to report) | | | | 11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.) | | | |
| CTP | | | | None | | | |
| 12. COST FACTORS | | | | | | | |
| A. MANUAL PREPARATION AND REVIEW COSTS | | | | | | | |
| GRADE | HOURLY RATE | X | HOURS PER REPORT | = | COST PER REPORT | X | TIMES PREPARED = COST PER YEAR |
| GS-07 | \$4.50 | | 4 | | \$18.00 | | 12 |
| GS-05 | 3.60 | | 1 | | 3.60 | | 12 |
| | | | | | | <u>43.20</u> \$259.20 | |
| B. COSTS OF COMPUTER PRODUCED REPORTS | | | | | | | |
| | | | | | | | |
| TOTAL COSTS PER YEAR | | | | | | \$259.20 | |
| 13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (In addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT. | | | | | | | |
| <p>A monthly report compiling the number of applicant files received in CTP and their disposition - processing initiated, rejected, or forwarded to another office for consideration. It is incorporated into the Office of Personnel statistics.</p> | | | | | | | |
| 14. FUTURE GOALS | | | | | | | |
| GOAL PROPOSED BY COMPONENT FOR THIS REPORT | | | | | | ESTIMATED SAVINGS | |
| <input checked="" type="checkbox"/> RETAIN AS IS <input type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE | | | | | | <input type="checkbox"/> OTHER (explain) <input type="checkbox"/> MAN-HOURS <input type="checkbox"/> DOLLARS | |
| | | | | | | <input type="checkbox"/> 0 <input type="checkbox"/> 0 | |
| 16. DATE OF INVENTORY | | 17. NAME AND TITLE OF PERSON FURNISHING INFORMATION | | | | 18. EXTENSION | |
| 1 October 1970 | | Chief, CTP | | | | | |